



## OFFICE OF SHERIFF

ST. CROIX COUNTY, WISCONSIN

1101 Carmichael Road Hudson, WI 54016

[www.sccwi.gov](http://www.sccwi.gov)

Sheriff's Office  
715-381-4320  
Fax 715-386-4606

Jail  
715-386-4752  
Fax 715-381-4402

*Scott L. Knudson*  
*Sheriff*

*Cathy R. Borgschatz*  
*Chief Deputy*

### **ST. CROIX COUNTY JAIL – HUBER TRANSFER (IN)**

HUBER FAX NO. 715-381-4427

INMATE NAME: \_\_\_\_\_ DOB: \_\_\_\_\_

CASE NO.: \_\_\_\_\_

SENTENCING COUNTY FAX NO. \_\_\_\_\_

REPORT DATE: \_\_\_\_\_

The above individual/inmate has requested to be placed on the Huber program at the St. Croix County Jail. We will accept the inmate into our Huber program at no charge to the Sentencing County under the following conditions:

The inmate is requesting that he or she be placed on Huber under the following conditions:

1. The inmate must test negative for THC, Cocaine, Amphetamines, Methamphetamine and Opiates. If the inmate tests positive for any of the above illegal substances the Sentencing County shall either, plan for transport or authorize the inmate to make own transportation arrangements to the Sentencing County.
2. The inmate will pay all appropriate fees to St. Croix County and will be required to deposit \$500 into their St. Croix County Inmate account upon arrival to St. Croix County. The inmate must be employed full time at the time of check in. If they are opting to serve in general population, the inmate will pay \$60 per day and this money (for the entire stay) must be deposited at the time of booking.
3. The inmate will abide by all rules of the St. Croix County Huber Program and /or jail. If the inmate violates the rules, the Sentencing County shall either plan for transport or authorize the inmate to make their own transportation arrangement to the Sentencing County.
4. The inmate must contact a St. Croix County Huber Officer and coordinate a date to report to St. Croix County. In addition, the inmate must make a reasonable effort to pick up a Huber Information Packet from St. Croix County prior to check in.

5. The Sentencing County must provide a Judgement of Conviction indicating the sentencing Judge has authorized the transfer to St. Croix County. Upon the inmate's arrival to St. Croix County, a sentence computation or release date will be faxed to St. Croix by the Sentencing County.

The undersigned representative of the Sentencing County Jail approves the above named individual to participate in the St. Croix County Jail Huber Program under the terms of this agreement.

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Sentencing County Name and Representative

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Date

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Print name

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Title or Position



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## WORK RELEASE TRANSFER IN PAPERWORK

INMATE NAME: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE#: \_\_\_\_\_ CELL PHONE #: \_\_\_\_\_

REQUEST TO TRANSFER FROM: \_\_\_\_\_ TO ST. CROIX COUNTY, WI  
SENTENCING CHARGE: \_\_\_\_\_  
#OF DAYS TO SERVE: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_ PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
SUPERVISOR: \_\_\_\_\_

I UNDERSTAND THAT MY ACCEPTANCE AS A HUBER TRANSFER IS CONDITIONAL AND THAT SUCH STATUS MAY BE TERMINATED WITH OR WITHOUT CAUSE. FURTHERMORE, I UNDERSTAND THAT IF MY STATUS AS A TRANSFER TO ST. CROIX COUNTY FROM ANOTHER COUNTY IS TERMINATED, I WILL LOSE MY HUBER PRIVILEGES FOR THE REMAINDER OF MY SENTENCE. I ALSO UNDERSTAND THAT AT THE TIME OF MY INITIAL TURN IN, **I WILL BE 100% SOBER AND COMPLETELY DRUG FREE.**

INMATE SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

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I WILL \_\_\_\_\_ WILL NOT \_\_\_\_\_ ACCEPT THE INMATE AS A TRANSFER.

AUTHORIZED BY: **Deputy N. Belz**

DATE: \_\_\_\_\_

DATE AND TIME OF CHECK IN: **2 Hours after time of release**

FEES NEEDED UP FRONT **\$350 + \$100**

SPECIAL INSTRUCTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_